

10/23	10:25	
	1300	<p>SUN WID &amp; SWOLLEN</p> <p>(L) SIDE OF JAW/FACE STILL SWOLLEN. PT ABLE TO OPEN HIS MOUTH APPROX 1 1/2" - 2" &amp; PAIN.</p> <p>H.R. regular &amp; no lab rubs or murmurs</p> <p>LUNGS CLEAR O<sub>2</sub> SAT &lt; 96%</p> <p>ABD SOFT &amp; (+) BS</p> <p>(L) ARM &amp; NOTED / PAINABLE NODULES ALONG VEN, INNER ASPECT.</p> <p style="text-align: right;">N. M'Coolan RN</p>
	1400	<p>PT ATE DOUBLE PORTION OF LIQUID DIET, ASKING FOR REGULAR DIET.</p> <p>C/O JAW PAIN</p>
	1500	<p>LIQUID VIOGAM &amp; TYLENOL 325mg given</p> <p>Tylenol 325mg PO given</p> <p>NaHCO<sub>3</sub> minze mouthwash given — N. M'Coolan RN</p>
	2000	<p>Temp 99.9. Pt still c/o not feeling well.</p>
	2100	<p>Tylenol 325mg PO given / left c/o</p> <p style="text-align: right;">N. M'Coolan RN</p>
10/25/03	2200	<p>Received AFO X 3. REMOVED any C/O @ this time. — M Gallant RN</p>
10/25/03	2300	<p>EYES closed, lying in bed, regular unlabored respirations noted — M Gallant RN</p> <p>10/26/03 SUN</p>
10/26/03	0500	<p>Hourly rounds made. Regular unlabored respirations noted on all rounds with frequent position AS — M Gallant RN</p>
10-26-03	1020	<p>B: "Can I have tylenol for my fever?"</p> <p>O: pt AFO X 3. VS: 99(10) - 102-20 100/60. pt wanting tylenol for fever, explained to pt that his temp is fine but very uncomfortable insistant on getting tylenol. Pt received tylenol 325mg po for c/o not feeling good. pt did not c/o wrist at all this AM. skin cool to touch.</p> <p>A: Altered comfort</p> <p>P: cont to monitor — A. Melby MD</p>



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

## INFIRMARY PROGRESS NOTES

NAME AHOLELEI STARSSN 601-18-1356DOB 11-17-63

DATE	TIME	PLAN
		OCT 24 - 2003 FRI
10/24/03	0800	asleep through the night. respirations not g.i. ✓ all rounds <span style="float: right;">JH</span>
10/24/03		Reviewed x-ray again. Will refer pt to General Surgeon. Consult done.
10/24/03	1150	MDD = 240 ✓ 10/24/03 1600 10/24/03 1150 u Do Hgb A1c <span style="float: right;">VJ Pedersen, MD (in R)</span>
10/24/03	1200	Soft device inserting into foreign body into his arm. Pain in jaw + (L) arm. Q5 (L) arm x-ray results foreign body 5x1mm in (L) wrist + soft tissue calcification medial epicondyle per Dr. Gordon Ng. Pt. continues to have pain in area + fever T 100° @ 930. Redness & swelling (L) arm. VS done med taken. Pt.'s jaw pain is <sup>much</sup> less: <del>low</del> 4 (0-10). Drinking fluids + taking meds 5 crushing. Tylenol 650mg PO @ 0810. A: (VJ Pedersen) AH. in comfort P: Continue to monitor <span style="float: right;">C. Dora RN</span>
10/24/03	1430	Addendum: Theresa is scheduling general surgeon appt today to remove foreign body in (L) arm. C. Dora RN
10/24/03	2030	S: "I'm scared about my arm" O: Pt. A & D x 2. T 98° @ 1500 99.2 @ 2000. administered tylenol 650mg @ 2000. hydrocodone/acet. admin. 10cc @ 1520 & 2000. Tolerated liq. diet 100%. Listened to walkman & read books during shift. It has been confirmed that pt. has a metal object in (L) arm near wrist. Pt. will be going out for general surgery. Day not known. 0% diarrhea, N/V, or fatigue. A: Stable P: continue = plan of care. Follow up surgery. C. N. K. RN



10/25/03 2200 Received a+o x3. Lying in bed said: "OK"  
 When this writer called to him M Gallant  
 2300 Eyes - closed lying in bed regular respirations  
 noted @ this time M Gallant  
 2400 Eyes at closed, lying in bed position &  
 noted. Regular unlabored respirations  
 seen @ this time M Gallant  
 10/25/03 Sat

10/25/03 0500 Hourly rounds continued throughout shift.  
 Regular, unlabored, respirations noted on  
 all rounds. at 0430 pt refused VS check  
 saying: "no need & feel alright" M Gallant

10-25-03 0815 S: "I don't feel good."  
 O: APO x2. ↑ temp. 100.2, oral. Tol. meals. Dorsal pain. (L) arm vein is hard  
 and easily palpated. Skin warm and dry. pulses +2 and easily palpable. CRT  
 < 3 seconds. Tylenol 325mg # PO given along w/ routinely ordered medications  
 A: allocation in comfort.

P: Will HU temp in 1°. Will cont. w/ current tx and mont. S. Friz

10-25-03 0915 S: "Can I have something for diarrhea?"  
 O: Temp 99.2, oral. No diarrhea. States scrotic vein is hurting in (L) arm.  
 Pink Bismuth 300 given PO and hydrocodone/acetaminophen 1000 PO given.  
 A: allocation in comfort

P: Cont. w/ current tx and mont. S. Friz

10-25-03 1005 S: 0 complaints  
 O: Dr. Abbruzzese in this morning. Xrays evaluated by Dr. Abbruzzese and  
 assessed inmat. MD explained to inmat current condition and tx plan  
 A: allocation in comfort

P: Cont. w/ current tx and mont. S. Friz



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

## INFIRMARY PROGRESS NOTES

NAME AHOLELEI, Star

SSN 601-18-1356

DOB 11-17-63

DATE	TIME	PLAN
10/22/03	1130	<p>S: Fenn + drowsy</p> <p>O: Lying down, P 101 BP 106/76 T 100° O<sub>2</sub> 98%</p> <p>Sitting: P 113 BP 116/80 O<sub>2</sub> 98%</p> <p>Pt. requested Tylenol for pain.</p> <p>A: Possible viral infection</p> <p>P: Tylenol 650mg PO q 4hr. Ensurex1 + Reflex.</p> <p>Advised pt to use wet cloth on forehead + drink lots of water. Continue to monitor + flac Dr. Pader</p>
	1355	<p>Addendum:</p> <p>90% VS: T 99° P 113 R 20 BP 98/58 O<sub>2</sub> 97%</p> <p>Pt feels better now.</p> <p>A: Stable</p> <p>P: Continue to monitor. — C. Khan, RN</p>
10/22/03	2030	<p>S: I have a HA. My jaw is slightly sore. My Garm sore.</p> <p>O: Pt. A&amp;O x3. T: 99.4° @ 1600. gave 650mg tylenol. T: 99.4° @ 1800. % HA. Full ROM to neck + upper body. 0% stiffness. Tolerated clear liquid diet. T: 99.2° @ 2000. administered 650mg tylenol. Request pain medication. Give 10cc Nyalid/acet. SKIN warm to touch. 0 flushing or diaphoresis noted. % pain to 0 forearm x 1 wk. vein from puncture site of old IV @ wrist to the elbow is firm + lumps noted along the vein. 0 redness or swelling noted. Notified charge nurse, decided to refer to MD in the morning. Pt. stated a concern about something being stuck in his vein. Informed pt. that MD will see him.</p> <p>A: alteration in comfort</p> <p>P: continue to monitor Temp. Refer to MD. C. Neff LPN</p>
	2035	<p>Addendum:</p> <p>% diarrhea. administered 30cc reptolectro. Encourage pt. to ↑ fluid intake. — C. Neff LPN</p>
		OCT 23 2003 THUR
10/23/03	0800	<p>asleep through the night, respirations noted during make p: rounds — g/jk</p>



10-23-03

1040

MDO:

noted

10/23/03

1050

ei

Cipro 500mg PO BID x 5 days

D/C Keflex 500mg PO qid x 4 days

VO Paderes, MD/eikn

10-23-03

1140

S: (L) arm hurts, 9 (0-10 pain scale), diarrhea - brown liquid x 30 yesterday + x 10 today, getting less liquid today. burning down middle from 1 kidney stone passing

O: (L) arm anterior elbow to wrist has bumps + firmness

Hardness firm at 1/2", 1", 2" ~~2-3 1/2"~~ 2-3 1/2" (firm) 8" - lump

Redness & swelling noted on (L) arm. Outline of hand time see

Palpitated length of (L) arm. Pain discrete beginning of catheter to wrist & elbow

T 99° P 149 R 20 BP 118/72 G sat 92% done 0730

T 99° down 1130. Cipro given @ 1055 & Ensure. D/C Keflex

& 6 pains in (L) arm. David also palpitated pt's arm

Tylenol 650mg taken @ 0810, Pepto bismol @ 0745 today

A: All in comfort +/+ (L) arm pain + fever

P: MD eval to be requested. Continue to monitor.

C. Xuan, PA

10-23-03

1235

MDO:

consult to radiology to tx.

To X-ray (L) arm to rule out foreign body

VO Paderes, MD/eikn

noted

10/23/03

1245

10/23/03

1500

S/p verbalize concern about hardened blood vessel on Lt forearm. Non tender & signs of inflammation. Reassured he will be sent

sent for X-ray. IM verbalize understanding

IM still having low grade fever T 99.6. No verbal c/o discomfort

A Med close monitoring

P, Tylenol q 4 q give per request.

2 encourage to drink a lot of fluids,

3 Will continue to monitor

C. Xuan, PA

1800

Went for X-ray of Lt arm

1915

Return to the unit

C. Xuan, PA

00880



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## INFIRMARY PROGRESS NOTES

NAM AHOLELEI Sdar  
SSN 601-18-1356  
DOB 11-17-63

DATE	TIME	PLAN
10-19-03	1220	S: I didn't get my medication last night to help me sleep. I've been up all night. O: pt A+Ox3. Able to move mouth and verbally talk to resistance d/t jaw fx and tx, all intact. Tolerated meals & any N/V noted. pt afebrile and received hrs rocephin 1mg in (L) buttocks. pt did not receive a dose last night d/t unknown. pt has appropriate behavior noted. A: Stable P: cont to monitor ————— + Ac Mult, RD 2-10
		S: MO X 3: med. compliant, cheerful & cooperative - able to talk freely but to slight resistance. ate meals & tolerated well. A: Stable P: Continue to monitor / S n
		OCT 20, 2003 MON
10-20-03	0500	asleep through the night. respirations noted during gr make rounds ✓ ————— JK
10-20-03	1345	S: Complacent O: Feels O.K. meds taken. pt. swallowed. Keflex capsule whole, other tabs crushed & water added. Ambulating & difficulty & talking & difficulty. 0 probs. A: Stable P: Continue to monitor. Meds from module in infirmary Glipizide, Flunisolide, 0.25% nasal & Chlorpheniramine tabs tab med and removal. ————— C. Starn, RD
10-20-03	1720	S: q/o jaw pain. requesting for pain med O: Pt amb. & steady gait. Able to take meds & difficulty. Speech stable, & started. Admin. Euthas Dixer 10 cc as requested. A: All. in contact P: Cont. to monitor ————— K. Starn, RD



OCTOBER 21, 2003 Tuesday

10/21/05	0500	slpt throughout the night. Respirations regular & unlabored. will be <sup>mistaken entry</sup> off
----------	------	--

10/21/03 09:05 AM T99 P122 R20 BP 106/70 O<sub>2</sub> Sat 96%.

Pt. requests Enema + double portions full liquid in diet.  
Pt's (L) jaw / cheek is swollen. & pain. Numbness (A)  
(L) side. Pt explained surgeon put in a plate to mend his  
broken jaw + nerves were affected. Feels OK. NaHCO<sub>3</sub> mouthwash  
A: Stable - & arrive today -

P: MD eval. today. Content monitor. Obama RA  
WDD:

10/21/03 1330 MDD:  
Full liquid diet, double portions

✓ 2) Ensure to every meal  
x 1WK.

VO Abbruzzese, MD/c

10-21-03	1530	S/O: IM up in shower asked him if okay said yes but would like something for pain. Took PM meds at this time. and was also seen by Dr. Abbuzzese at 1545 had ensure A/P: Stable at this time cont to monitor. — at Palafra
----------	------	--

Oct 22, 2003 Wednesday

10-22-03	OSU	Slept through the night respirators noticed 4 hr.
----------	-----	---

10-22-03	1015	S: Doesn't feel right
		A - VS = T99° P 124 R 20 BP 120/80 O <sub>2</sub> sat 73% @ 0730
		P 124 BP 90/70 O <sub>2</sub> 99% @ 0855

Pt. feels shaky + dizzy this a.m. He ate breakfast - full lig.  
double portion, and the juv. Engine. Meds given. He stated  
he had pain and diarrhea x10 since last night and this a.m.  
He used Flovent  $\frac{1}{11}$  -  $\frac{1}{11}$  puffs p 0730 needs jn. He has  
not used a butoid nebulizer / updraft at all. His diarrhea is  
shar & has low grade fever.

A: All in Comfort

P = MD wval! Continue to monitor

1105 Addendum:

MD-Do. orthostatic P & BP lying + sitting in 20 min.  
Vd Padres, MD / ei

Dr. Padua, MD / er

00882



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## INFIRMARY PROGRESS NOTES

NAME ANDREI, WilliamSSN 601-18-1350DOB 11-17-63

DATE	TIME	PLAN
10/16/03	7 <sup>20</sup> P	PT. RETURNED IN WHEELCHAIR FROM IN-PATIENT STAY @ QMC FOR FACIAL SURGERY SUBSEQUENT TO INJURY INJURY OF 10/3/03 S: PT. STATES "I'M DOING OKAY". O: QUIETLY SITTING IN WHEELCHAIR, A: O & 3, NAD, SKIN W/D, 152/94, HR 100, RR 20, TEMP 97.8° L: GLEET FACE, JAW AREA SWOLLEN. JAW / TEETH W/INER STAY. A: S/P JAW/FACIAL SURGERY SIMPLE P: MONITOR V.S., TEMP MONITOR FACIAL SWELLING, BRONCHIAL ENCOURAGE P.O. INTAKE TO PREVENT DEHYDRATION. REQUEST MD ORDER ENKE VICODAN .75 q.o. (crushed) given for c/o pain N. M'Loock <del>OCT 17th 2003</del> 10-17-03 0500 New Haverly wounds made, pt sleeping on wounds. Resp even & unlabored. R3m sol 10-17-03 0945 S: Feels better O: Teeth wired upper & lower & rubber bands connecting them. Crushed meds except Kefly (open capsule) & dissolve in water. Na HCO <sub>3</sub> mouthwash ordered from formulary thru am & expected tomorrow's ship out. Flovent 220 ordered. See MDO below. As Stab P: Continue to monitor. C Phen MDO: Flovent 220 1 puff BID x 3 months Na bicarb oral product 1000 mg Do. AD bruzuse / is RD noted 10-17-03 10/18/03



10-17-03 2100 S: no complaints, asked for pain medication for jaw discomfort.

D: pt A+O x3. pt able to open jaw approx 4 inches. pt continues to mouthwash.

tolerated liquid diet and is asking to receive regular diet tomorrow. While

pt received Vicodin 11 tabs and a @ 2030 & Tylenol 325 mg 11 tabs for temp ↑ @ 99.2°C

Rest of VS stable

A: altered comfort r/t jaw fx

P: cont to monitor and will recheck

Temp in @ 0030. — A. Miller, MD  
F Act 10-18-03 Sat

10-18-03 0800 asleep through the night respirations ok  
during q.i.v make rounds — J/K

10-18-03 0700 S: "I like Name: Bri Anne"

- States "My pain medication makes me sleep -

lie ask for later - Quiet & Content -

Intubating & stuff 5 problems - Able

to talk 5 problems - Teeth wired & rubber

band intact - USS - Healed -

A: Altered Comfort

P: Cont. to monitor pt. — Abner

10-18-03 1430 S: "Can I have regular food?"

D: A+O x3. Amb independently. presently on liquid diet; requesting reg. diet  
verbal and pleasant. Q clo pain. jaw no longer wired.

A: Altered in comfort

P: Informed pt. MD order needed to Δ diet; stated understand. Will have MD flu

10/18/03 2200 Received: A+O x3. Lying in bed,  
waved and smiled saying "hi Mary"  
I'm OK". M Gallant RN

2300 Lying in bed, eyes closed, regular,  
unlabored respirations noted @ this  
time — M Gallant RN

10/19/03 Sunday

10/19/03 0500 Hourly rounds made. Regular respirations  
noted in all rounds M Gallant



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

## INFIRMARY PROGRESS NOTES

NAME AL LELEI, WILLIAMSSN 001-18-1350DOB 11-17-63

DATE	TIME	INFIRMARY ADMISSION	PLAN
10/16/03	9:20/1920	1. Admit to Infirmary: Medical	
		2. Diagnosis: <u>FLU</u>	
		3. Diet: NPO <u>Clear liquid</u> cal ADA, Regular, DAT	
		4. Intake and Output: <u>N/A</u> Q4h, Q8h	
		5. Vitals: <u>Q shift</u> Q 4 hours, Q day <u>X 48°</u> <u>mean 3 days</u> X 2 weeks	
		6. Activity: <u>As tolerated</u> Bedrest, Ambulate with assist	
		7. Condition: <u>STABLE</u>	
		8. Allergies:	
		9. Labs: <u>φ</u>	
		10. Special Needs: <u>MUTATION GIVEN LIQUID DIET</u>	
		11. Parameters:	
		12. Medications: <u>(1) VICODAN 1-11 PMs <del>at</del> 4-6° PMN X 3 days</u> <u>or until hydrocodone / acetaminophen</u> <u>symptoms arrive</u>	
		<u>(2) HYDROCODONE / ACETAMINOPHEN</u>	
		13. Medical Admission Summary: <u>solution 5-10 ml q 3-4° X 2 wk</u> <u>PMN PMN.</u>	
NOV 11 2003	11:00	<u>(3) Benaquel 150mg p.o. QD</u>	all X 3 months
N.M. Locken	10:53	<u>(4) Singular 10mg p.o. B.M.</u>	
10-10-03		<u>(5) ALLOPURINOL 300mg p.o. QD</u>	
		<u>(6) Na HCO<sub>3</sub> mouthwash 3x1 day</u>	
		14. Medical Treatment: <u>(7) FLOVENT 1 PUFF 2x1 day</u>	
		<u>(8) VEPLEX 500mg p.o. QID X 10 days</u>	
		<u>(9) METFORMIN 850mg p.o. BID X 3 months</u>	
		<u>V.D. per Dr. Saldana N.M. Locken</u>	
		<u>Flu in Dr. Saldana's office # 733-7081</u>	



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

Facility: HCF

## INMATE INJURY REPORT

NAME: AHOLELEI, STANSSN: 601-18-1356SID: A0146949 DOB: 11-17-63Date/Time of Report: 10/3/03 1325Date/Time of Injury: 10/3/03 "within anPlace Injury Occurred: 2A hour

Description of events leading to injury by patient/witnesses:

Injury code based on this statement: 03 \*

S/O - "I saw faces", claim he didn't know what happened, alert & oriented x 3, noted (L) side

Nurse's observations/assessment/treatment of injury. [If this injury will affect transfer, update Form DOC 0497 Health Status Classification Report]

of the face is swollen, bleeding from the mouth, unable to visualize the source of bleeding, a small cut (about 5 mm) on the (P) eyebrow, also noted a bump on the (R) occipit-parietal area of the head  
BP-150/100 P-94 R-20

Physician/Practitioner's Examination of patient:

A - Multiple injuries  
P - will refer to MD

Disposition: To Queens ER

Nurse's Signature/Title/Date

\*Injury codes:

- |    |   |
|----|---|
| 01 | Inmate/Industrial   |
| 02 | Inmate/Recreation   |
| 03 | Inmate/Inmate (Polaroid photographs required even if no apparent injury.) |
| 04 | Inmate/ACO (Polaroid photographs required even if no apparent injury.)    |
| 05 | Inmate/Self-Inflicted   |
| 06 | Inmate/Miscellaneous  |

Original: Medical Record  
Canary: HIBA (QI Injury Audit/Potential Legal Claim)  
Pink: Institutional Safety Officer

Examining Physician/Practitioner's Signature/Date

Reviewing



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

NAME: Aholelei, StarSSN: 601-18-1356DOB: 11-17-63

## MULTIDISCIPLINARY PROGRESS NOTES

DATE	TIME	
		Heart - nl Abd neg Legs - & edema ② Knee - no effusion; st. tenderness A DM - stable Kidney stone enlarging - needs Med. P/a Quarac @ Stools - likely gastritis has endoscopy scheduled P- per above CMP, Hgb A1C, lipid profile next week Noted: <u>Q 1</u> 8-26-05 <u>Baumgardner</u>
8/29/05	1300	Appt made Queen Emma Urology Clinic 9/12/05 1000 hrs on chow <u>Shihon</u>
8-30	- 05	Pre-procedure instructions done; acknowledge understanding <u>Q 1</u>
9/1/05		<b>CONSULT WITH DR. <u>Zieniewicz</u> COMPLETED</b>
		Dr Zieniewicz called. Order received m 00: Presoc 20mg P.O.
	1330	QD X 3 MBS -
	1330	T.O Zieniewicz m. 01/ <u>Shihon</u>
		Noted 1330 9/1/05 <u>Shihon</u>

IOC 0413 (6/92)

CONFIDENTIAL  
00992



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETYNAME: Cholelei, StarSSN: 601-18-1356

## MULTIDISCIPLINARY PROGRESS NOTES

DOB: 11-17-63

DATE	TIME	
8/4/05	1400	appt scheduled SFMC - west Radiology for knee <del>arthroscopy</del> <sup>8/8/17</sup>
8/5/05		Stool guaiacs all (+); on ASA 81 + Motrin → Referred to GI for evaluation to consider endoscopy Noted: <u>Dr. K. Bauman</u> 8-5-05
8/8/05	1400	appt scheduled SFMC - west Radiology 8/16/05/1415 <del>8/16/05</del> <sup>GI</sup> <del>Arthroscopy</del>
8/12/05	915A	<b>NURSE SICK CALL</b> A. (R) Knee Discomfort - 2-3 Days Getting worse + (L) Knee Pain - Thinks he twisted it @ Work (Kitchen) O - Clicking sound (L) knee; ↑ Discomfort Re Swelling (L) knee Sept 9 & 6 Seen by Dr. Bauman 7/24/05 Patient is scheduled to see Dr. Kuchnerbecke 8/24/05 Voiding is Difficult. a/r Knee Sleeve Assured. (L) Knee 00994 Due to (L) knee Motrin - Assured off work <sup>CONFIDENTIAL</sup> R/c 8/25/05



MAU  
CONSULTATION RECORD

OP A 0146949

Facility:

S.I.D:

Patient Name: Last Aholelei, First Star Initial 11/17/03 DOB 11/17/03  
Consultant QEC Urol, Appointment Date 2-23-06 Appointment Time 1330

REASON FOR CONSULTATION (Complete Form Doc 0497 if a significant change in health status has occurred):

4-6 WK R/L PEN YOUR Request[Signature]  
Name of Requesting Physician1/10/06  
Date

## CONSULTANT'S REPORT (History, Findings, Diagnosis, Recommendations)

① c/o persistent weak stream & straining despite  
Zomax. Also has split stream.  
Will schedule for cystoscopy to r/o  
obstruction

② renal calculi - ✓ cured in 5-6 months

③ flu Urology @ fam 4/3/06 - cystoscopy

2 consent sent to my 3/1/06

[Signature]  
Consultant's SignatureCHOU1/28/062/23/06  
Date

45 Code of Federal Regulation 164.512.(k)(5): A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate...protected health information about such inmate if the correctional institution or such law enforcement official represents that such protected health information is necessary for: ...d) the health and safety of such individuals and officers or other persons responsible for the transportation of inmates or their transfer from one institution, facility, or setting to another:...For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release or otherwise is no longer in lawful custody.

Original: Medical Record  
Canary: Consultant's Copy



CONSULTATION RECORD

OUC

0 PA 0146949

Facility:

Aholelei, Star

S.I.D:

11.17.03

Patient Name: Last

First

Initial

DOB

Consultant PEC, Urology,

Appointment Date

DR David Chou.

1-09-06

Appointment Time 0930

REASON FOR CONSULTATION (Complete Form Doc 0497 if a significant change in health status has occurred):

Make appt after CT of kidneys is done  
\*Bring film in for review if not done at Queens\*

Name of Requesting Physician

12-13-05

Date

CONSULTANT'S REPORT (Findings, Diagnosis, Recommendations)

40. slow stream &amp; difficult voiding.

Tried Flomax in past &amp; thinks it may have helped

CT scan 12/2005 = residual right renal caliculi

Recommend = re-start Flomax every 200 hrs  
follow up 4-6 wks to assess efficacy  
need to ✓ kups in 6 months to reassess  
stone

Consultant's Signature

Date

45 Code of Federal Regulation 164.512.(k)(5): A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate...protected health information about such inmate if the correctional institution or such law enforcement official represents that such protected health information is necessary for: ...d) the health and safety of such individuals and officers or other persons responsible for the transportation of inmates or their transfer from one institution, facility, or setting to another...For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release or otherwise is no longer in lawful custody.

Original: Medical Record  
Canary: Consultant's Copy



The Queen's Medical Center  
Honolulu, Hawaii 96813

DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, WILLIAM STAR  
Sex: M DOB: 17-Nov-1963

MFID: 61-99-09  
Patient Loc: CAT

KENNITH M.D. ZIENKIEWICZ  
OAHU COMM CORRECTIONAL CENTER  
2199 KAMEHAMEHA HWY  
HONOLULU HI 96819

Exam: 2669646 Date: 27-Dec-2005 Requested by: ZIENKIEWICZ, KENNITH M.D.  
CT KIDNEY STONE W/O 23584085  
Diagnosis:  
s/p lithotripsy, r/u stones

Report dictated on 12/27/05

CT ABDOMEN AND PELVIS

DATE: 12/27/05

CLINICAL HISTORY: Abdominal pain, suspect renal lithiasis.

TECHNIQUE:

CT scan of the abdomen was performed without oral and intravenous administration of contrast material utilizing contiguous, 5 mm scan slices with 50% overlap to evaluate for renal or ureteral calcifications.

FINDINGS:

ABDOMEN CT:

Compared to a previous examination dated 10/17/02, there has been slight interval growth in one of the multiple stones in the right kidney from 5.0-6.6 cm in maximum diameter. This is located in a lower pole calyx. A second lower pole calculus has increased from 2-3 mm in diameter, and there has been interval development of a third, less than 2 mm calculus in the mid pole calyx. An upper pole 4.7 mm calculus is no longer present.

Multiple calculi present in upper and lower pole calices on the left are no longer present and an obstructing left ureteral calculus has also resolved. Previous hydronephrosis has resolved, although the left kidney does appear somewhat smaller than the right and may be mildly atrophic.

*162 file in chart.*



## CONSULTATION RECORD

Facility:

HCP  
Aho k lei, Star

601-18-1352

S.I.D:  
11-17-63

Patient Name: Last

First

Initial

Dr. Kuchenbecker

JULY 23, 2004

DOB

11/30

Consultant

Appointment Date

Appointment Time

REASON FOR CONSULTATION (Complete Form Doc 0497 if a significant change in health status has occurred):

F/U kidney pain

Dr. Paderes

7-9-04

Name of Requesting Physician

Date

## CONSULTANT'S REPORT (Findings, Diagnosis, Recommendations)

40 yo M to rearing renal colic

Presented 10/04 with mltl stones see consult sheet already

S/P Uteroscopy + LASER - ESL 7/03

Stone Analysis 11/02 = 100% Ca++ mltl Moxylol

C/O tremendous pain @ side Same on Right - All the time

P/Blood in stool Constant

I had the bloody

Nausea / Feverish

CT - 6mm stone lower pole right kidney - not obstructing

Explained to pt - (R) stone cannot explain (L) sided pain

Need to re-evaluate for disc / back problem as indicated

Consider ESL of (R) stone - \$ trial Flomax

Voiding SVI

Consultant's Signature

Date

7-23-04

45 Code of Federal Regulation 164.512(k)(5): A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate...protected health information about such inmate if the correctional institution or such law enforcement official represents that such protected health information is necessary for: ...d) the health and safety of such individuals and officers or other persons responsible for the transportation of inmates or their transfer from one institution, facility, or setting to another: ...For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release or otherwise is no longer in lawful custody.

Original: Medical Record  
Canary: Consultant's Copy

hold on lithotripsy @ this time.  
noted 9/1/04

DOC 0406 (12/03)

CONFIDENTIAL

Brunner AA1



**Fax**

30 ALLIANCE STREET, SUITE 602  
KAILUA, HAWAII 96734  
(808) 261-4884 OFFICE  
(808) 261-4835 FAX

**CONFIDENTIAL - NOT FOR DISTRIBUTION**

To: Medical Unit/Dr. Padirag From: D. Kuhnbecker  
Fax: 484 0955 Pages: 2c copy  
Phone: \_\_\_\_\_ Date: JUN 30 2004  
Re: Star Aholelei CC: \_\_\_\_\_  
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: will cancel appt. 7-9-04 not necessary for pt. to be seen at this time.

*ch*

7/13/04

*EB*

FILE

**IMPORTANT NOTICE:** This message is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and exempt from disclosure under law. If reader of this message is not the intended recipient, or the employee, or agent responsible for delivering the message to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify immediate telephone, and return the original message to us at the above address via U.S. mail. Thank You

AA2



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

## MULTIDISCIPLINARY PROGRESS NOTES

NAME Aholelei, StarSSN 601-18-1356DOB 11-

DATE	TIME	PLAN
11-28-04	1830	While distributing meds, I presented nurse 2 empty blister packs stating "I need more of these". I informed her that I would look into it. The 1 <sup>st</sup> Blister pack Alleparmol 30mg tabs returned - checking the MAR a blister pack of 30 tabs was given to me 11-19-04. The 2 <sup>nd</sup> medication Chlorthalidone 50mg tabs returned - a 2 <sup>nd</sup> blister pack of 30 tabs was given 11-21-04. 3 <sup>rd</sup> medication Singulair 10mg, a 2 <sup>nd</sup> blister pack was given to me 11-16-04. Will refer matter to MD for review. <i>[Signature]</i>
11/29/04		C.R. indicates no specific more changes will follow possible maybe more in 12 yrs. no need for w/ds. Please @ this time. <i>[Signature]</i> Dr. Salvatore Abbruzzese
12/3/04		MD CLINIC/DR. <u>C. Fuen, NP</u> WT: 202* HT: 5'8" BP <u>1</u> R: 16 P: 72 Temp <u>100.0</u> 1130Am. "Claiming still experience sparks on spine & back spots on wrist & hands (L) side of head. Occ 2-3x / wk. Causes him to be confused & forgetful. Still a kidney stone pain. Takes Tylenol. Exercise - walking. No other walk up & down stairs. No other exercise! cont



DATE	TIME	PLAN
12/3/04		cont
		A. See chronic care sheet
		10 per NP
12/10/04	1235	1m n.a module 7 floor boy seen in wiping counter at the little kitchen 5 only discomfort. 14 per NP
02/03/05	1430	S: "I still get pain's & aches." O: IM seen at HS med pass & s/s of dizziness, gait steady, A/Ox3, took HS meds & difficulty. c/o aches and pains, "mover," says NP Yuen wrote a prescription for "850 mg" of "motrin". No such order noted. Given 1 blister pack of motrin 200mg. A: pain P: Disposition stable, instructed on use of motrin and told to bring concerns to MD/NP @ next cc Appt. <u>Mark H. /</u>
1/6/05	0720	SICK CALL S/D: MRF - have fever, body aches, headache. pt c/o body aches & fever, c/o also cold s/s. pt afebrile @ this time. A: det in comfort P: motrin 200mg blisterpack given & instructions Encouraged to ↑ fluid intake. RTC prn - Yuen
1/11/05	0720	SICK CALL S/D: MRF - wrist is hurting & I need to see the doctor for my wrist. pt c/o (R) wrist pain, S/p foreign body removal 11/03, minimal swelling noted to (R) wrist area & bruising or redness, ROM good, CMS intact. pt asking for ace wrap for wrist A: att in comfort P: ace wrap given. RTC prn <u>Yuen</u>



**COPY**

Facility \_\_\_\_\_

RTC \_\_\_\_\_

**Chronic Care Clinic  
Follow-up Visit**Name Ahotelei, Star Sex \_\_\_\_\_SSN 601-18-1356 SID AD146949 DOB 11-17-66

Allergies \_\_\_\_\_

Diagnosis  
NIDDM; gout;

Tests needed prior to visit

actima

## Current Medication

① Flexcil 10mg po QHS prn ② indocin 50mg i po BID  
 ③ Flomax 0.4mg po QHS ④ glucophage 850mg po TID ⑤ glipizide 10mg  
 ⑥ singulair 10mg po QD ⑦ CVM 4mg po TID ⑧ Vasotec 5mg po BID  
 ⑨ imitrex 25mg i q hr prn HA up to 9/24 ⑩ sodium bicarb 650mg ii TID  
 ⑪ allopurinol 300mg po QD ⑫ ASA 81mg po QD ⑬ vit A-D ointment AAA QD

Diet ① potato products HS snack - milk &amp; fruits

Special Needs

**SUBJECTIVE DATA**

Complaints/Comments

see progress notes

Review of Symptoms

Compliance with medications: Y N NTA

Effectiveness of medications

**OBJECTIVE DATA**Vital Signs: Ht. 5'8" Wt. 172 B/P 120/70 P 88 R 20 T 96.8Skin ☒intact - no rash or infectionHEENT ☒ENT - RT grossly intactHeart ☒no @Lungs ☒clear, no wheeze or cracklesExtremities ☒5 edema, full ROM, strong fine muscles

Other

abd - soft @ 12 S NT

Evaluation of labs, tests, treatments, consults

9/04 Glucose 70 Hgb A<sub>1c</sub> 5.8 Uric acid 5.3  
BUN 20  
Cr 1.2

DOC XXX

AA5



**COPY****ASSESSMENT**

~~X Vit A & D 1000 AAA qd x 3mo~~  
~~X ASA 81mg po qd x 3mo~~  
~~X Allopurinol 150mg po qd x 3mo~~  
~~X/c Allopurinol 300mg~~  
~~X Sodium Bicarb 650mg  $\frac{1}{2}$  po TID x 3mo~~  
~~X Zimbrex 20mg  $\frac{1}{2}$  q 10 pm Ht up to 9/24/0 x 3mo~~  
~~X Vasotec 5mg po BID x 3mo~~  
~~X/Tm 4mg po TID qm x 3mo~~  
~~X Singular 10mg po qd po qd x 3mo.~~  
**PLAN**  
**Medications** ~~X Flexiril 10mg po q HS pm x 3mo NTA~~  
~~X D/c Indocin.~~  
~~X Felmox 0.4mg po q HS x 3mo NTA~~  
~~X/c Glucophage 850mg po TID.~~  
~~X Glucophage 850mg po BID x 3mo~~  
~~X Glucophage 10mg po qd x 3mo~~  
**Labs** /UT to Lab (hx kidney stones)  
**Treatments** Do HgbA1c prior to CCV in 3/05.  
 /ACE V 1x /mo x 3mo.

**Consults**

/ V ch ↓ fat 2000 cal ADA  
**Diet** / potato products Snack @ HS milk + fruit x 3mo  
**Special Needs**

**Other**

cleared for transfer, HSCR completed.  
 e cel 2/05

**EDUCATION AND COUNSELING**

Discuss long term effects of DM. impact  
 of dietary unphome + med compliance

Return to Clinic 90 days ☒ Other \_\_\_\_\_  
 Update Problem sheet \_\_\_\_\_ HSCR \_\_\_\_\_  
 DOC XXX

Signature/Title

Date

12/3/04

noted 12/3/04 AM 1305 24 / by H. Ann L  
 1500 AAB



## LABORATORY REPORT

CLIENT
PUBLIC SAFETY-HALAWA RE: PSD 02-HCD-15 99-902 MOANALUA HWY. AIEA, HI 96701


 650 IWILEI ROAD, SUITE 300  
 HONOLULU, HI 96817 • TELEPHONE 589-5100

DATE OF BIRTH	SEX
41, 11/17/1963	M

PATIENT INFORMATION
AHOLELEI, STAR DR. YUEN, C HCBP #: A0146949  PT. TEL# 0

DATE COLLECTED	DATE RECEIVED	DATE REPORTED	ACCESSION NUMBER
01/06/2005 09:35	01/06/2005	01/06/2005 21:04	76006256 PAGE 1

SPECIMEN: NON-FASTING

TESTS	RESULTS	REFERENCE VALUES
Urinalysis - Complete		
Color	YELLOW	
Appearance	CLEAR	
Specific Gravity	1.020	1.005-1.030
pH	6.0	5-7.5
Protein	NEG	NEGATIVE
Glucose	NEG	NEGATIVE
Ketones	NEG	NEGATIVE
Urobilinogen	0.2	0.1-1.0
Bile Pigments	NEG	NEGATIVE
Blood	NEG	NEGATIVE
Leukocyte Esterase	NEG	NEGATIVE
Nitrite	NEG	NEGATIVE
Microscopic		
	0-2 WBC/HPF	
	0-2 RBC/HPF	
	ODD BACTERIA	
	CALCIUM OXALATE CRYSTALS PRESENT	

NON-FASTING SPECIMEN

\*\*\* FINAL REPORT \*\*\*

AHOLELEI, STAR

1/18/05

AA7



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

FACILITY: WCF

NAME: Anolelei, Star

SSN: 601-18-1356

DOB: 11-17-63

URINALYSIS REPORT

COLOR: very light yellow

APPEARANCE: clear

LEUKOCYTES: ng (NEGATIVE)

NITRITE: ng (NEGATIVE)

UROBILINOGEN: 0.2 (0.1-1.0)

PROTEIN: ng (NEGATIVE)

pH: 5.0 (5-7.5)

BLOOD: ng (NEGATIVE)

SPECIFIC GRAVITY: 1.005 (1.003-1.030)

KETONE: ng (NEGATIVE)

BILIRUBIN: ng (NEGATIVE)

GLUCOSE: ng (NEGATIVE)

[Signature]  
TESTER'S SIGNATURE

2/10/05  
DATE

[Signature]  
PHYSICIAN'S SIGNATURE

2/10/05  
DATE

DOC 0501 (03/95)

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AA 8



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

FACILITY: AHOLELEI, STAR NAME: AHOLELEI, STAR

SSN: 601-18-1356

DOB: 11/17/63

URINALYSIS REPORT

COLOR: Clear yellow

APPEARANCE: clear

LEUKOCYTES: (-) (NEGATIVE)

NITRITE: (-) (NEGATIVE)

UROBILINOGEN: normal (0.1-1.0)

PROTEIN: (-) (NEGATIVE)

pH: 6.5 (5-7.5)

BLOOD: (-) (NEGATIVE)

SPECIFIC GRAVITY: 1.015 (1.003-1.030)

KEYTONES: (-) (NEGATIVE)

BILIRUBIN: (-) (NEGATIVE)

GLUCOSE: (-) (NEGATIVE)

[Signature]  
TESTER'S SIGNATURE

3/11/05  
DATE

[Signature]  
PHYSICIAN'S SIGNATURE

3/11/05  
DATE



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

FACILITY: WCP

NAME: Ahalekai, Afae

SSN: 601-18-1386

DOB: 11/12/63

URINALYSIS REPORT

COLOR: Yellow

APPEARANCE: Clear

LEUKOCYTES: 0 (NEGATIVE)

NITRITE: 0 (NEGATIVE)

UROBILINOGEN: 0.2 (0.1-1.0)

PROTEIN: Trace (NEGATIVE)

pH: 6.0 (5-7.5)

BLOOD: 0 (NEGATIVE)

SPECIFIC GRAVITY: 1.010 (1.003-1.030)

KEYTONES: 0 (NEGATIVE)

BILIRUBIN: 0 (NEGATIVE)

GLUCOSE: 0 (NEGATIVE)

[Signature]  
TESTER'S SIGNATURE

8/12/05  
DATE

[Signature]  
PHYSICIAN'S SIGNATURE

8/15/05  
DATE

DOC 0501 (02/93)

CONFIDENTIAL

AA10



PUBLIC SAFETY-HALAWA, C.

RE: PSD 02-HCD-15

99-902 MOANALUA HWY.

AIEA, HI 96701


**DIAGNOSTIC  
LABORATORY  
SERVICES, INC.**

 650 IWILEI ROAD, SUITE 300  
HONOLULU, HI 96817 TELEPHONE 589-5100

DATE OF BIRTH

SEX

M

AHOLEILEI, STAR

DR. PADERES, GIGAR

HOSP #: A0146949

PT. TEL# 0

06/09/2004 06/09/2004 06/09/2004

S5334799

DATE COLLECTED

DATE RECEIVED

DATE REPORTED

ACCESSION NUMBER

## TESTS

## RESULTS

## REFERENCE VALUES

## Urinalysis - Complete

Color	YELLOW		
Appearance	CLEAR		
Specific Gravity	1.025		1.005-1.030
pH	6.0		5-7.5
Protein		TRACEH	NEGATIVE
Glucose	NEG		NEGATIVE
Ketones	NEG		NEGATIVE
Urobilinogen	0.2	MG/DL	0.1-1.0
Bile Pigments	NEG		NEGATIVE
Blood		TRACEH	NEGATIVE
Leukocyte Esterase	NEG		NEGATIVE
Nitrite	NEG		NEGATIVE
Microscopic			

5-20 RBC/HPF

*Olyte schedule for Urinary result.*

*Noted by [signature]*

*correct 5/15/04/600*

*5/14/04*  
AHOLEILEI, STAR

\*\*\* FINAL REPORT \*\*\*

24' 6/10/04 1000

AA 11



## LABORATORY REPORT

CLIENT
PUBLIC SAFETY-HALAWA C.F.
RE: PSD 02-HCD-15
99-902 MOANALUA HWY.
AIEA, HI 96701

DIAGNOSTIC LABORATORY SERVICES, INC.	
650 IWILEI ROAD, SUITE 300 HONOLULU, HI 96817 • TELEPHONE 589-5100	
DATE OF BIRTH	SEX
40, 11/17/1963	M

PATIENT INFORMATION
AHOLEILEI, STAR
DR. YUEN, C NP
HOSP #: A0146949

DATE COLLECTED	DATE RECEIVED	DATE REPORTED	ACCESSION NUMBER
08/18/2004 06:30	08/18/2004	08/19/2004 03:12	98573417
			PAGE 1

## TESTS

## RESULTS

## REFERENCE VALUES

Uric Acid	5.3	mg/dL	3.5-7.0
Hepatitis C Ab	NEGATIVE		NEGATIVE
Urinalysis - Complete			
Color	YELLOW		
Appearance	CLEAR		
Specific Gravity	>=1.030H		1.005-1.030
pH	6.0		5-7.5
Protein	NEG		NEGATIVE
Glucose	NEG		NEGATIVE
Ketones	NEG		NEGATIVE
Urobilinogen	0.2	MG/DL	0.1-1.0
Bile Pigments	NEG		NEGATIVE
Blood	NEG		NEGATIVE
Leukocyte Esterase	NEG		NEGATIVE
Nitrite	NEG		NEGATIVE
Microscopic			

0-2 WBC/HPF  
0-2 RBC/HPF

## Hepatic Function Profile

SGOT (AST)	62 H	IU/L	0-37
SGPT (ALT)	119H	IU/L	0-40
Alkaline Phosphatase	73	IU/L	33-130
Bilirubin, Total	1.4	mg/dL	0.2-1.5
Bilirubin, Direct	0.2	mg/dL	0.0-0.3
Total Protein	7.7	g/dL	6.2-8.2
Total Protein normal reference range has been adjusted effective 06/28/04.			
Albumin	4.0	g/dL	3.4-5.0
Bilirubin, Indirect	1.2	mg/dL	0-1.3

AHOLEILEI, STAR

\*\*\* FINAL REPORT \*\*\*

KB  
8/31/04

AA12



## MULTIDISCIPLINARY PROGRESS NOTES

NAME: Aholelei, Star

- Cont. -

DATE	TIME	
3-30-05		A - Asthma Flare up at NTC. P. Notified Dr. Saldana @ MOB: Ventolin Inh. 2 puffs TID PRN x 3 mos. RTC PRN <del>Dr RN</del> -
4-1-05	0940	MD CLINIC/DR. Dr. A. Baudran F/u WT: 211 HT: 5'8 1/2 BP 120/92 R: 20 P: 80 PROB. ① DM c kidney disease ② Chronic Kidney Stones - Calcium oxalate ③ Asthma ④ s/p face assault c fractures S no hx gout - in Brazil + allopathy for kidney stones; old note says Calcium oxalate; On Singulair + O-Ven; uses albuterol q 4h!! worse in rain; nocturia x 11; wt. now stable but in past up to nearly 300; % ④ still episodic numbness had nl MRI O - Lungs clear Heart nl neck neg Abd neg Legs & edema DB 1+/1+ A - DM c nephropathy Recurrent kidney stones Asthma P - Repeat urine for microalbumin AA13 (to consider + Vasotec)



STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

NAME: Aholelei, StarSSN: 601-18-1356DOB: 11-17-63

## MULTIDISCIPLINARY PROGRESS NOTES

DATE	TIME	Content
		<p>Contd.</p> <p><del>Plc</del> <u>allopathy</u></p> <p><u>glipizide</u> back up to 10 mg qd x 3 mo</p> <p>Continue metformin at 500 bid</p> <p><u>T-Q</u> - Var to 2 breaths bid x 3 mo.</p> <p>Goal to use albuterol less</p> <p>Repeat Kidney US - with <sup>ultrasound</sup> <u>4-8-05</u> <sup>10:00</sup> <u>AM</u></p> <p>Held on Dr. S. Shashberger for now / <u>Bauman</u></p> <p>Noted: <u>Q M</u></p> <p><u>4-1-05</u></p>
4-1-05		<p>Sched. c. 8:00 AM. for Kidney US on</p> <p>4-8-05 @ 10:00 / <u>Q M</u></p>
4/5/05	10:15	<p>PSN/WORK</p> <p>S - <u>alm good</u></p> <p>O P. name in expressed issues &amp; his Med. care</p> <p>Said she wants tubercle on flexural</p> <p>P. stated issues presented by Dr. Baker</p> <p>P. requested to see 4:00 PM</p> <p>P. Scheduled to see <u>Levi</u> <u>4:00 PM</u></p>
4/7/05	0700	<p>LE</p> <p>per A20 - Inmate sent to HCF infirmary by Van</p> <p>to c/o SOPs. w/ asthma</p>
4/8	1330	<p>Returned from HCF. Stable condition (see infirmary notes)</p>



CONSULTATION RECORD

WCF  
 Facility: Ahaleleu Star  
 Patient Name: Last Urol - Green Emma First Clive's Initial 9/12/05  
 Consultant Urol - Green Emma Appointment Date 9/12/05  
 S.I.D. 11-17-63  
 DOB 1000  
 Appointment Time

REASON FOR CONSULTATION (Complete Form Doc 0497 if a significant change in health status has occurred):

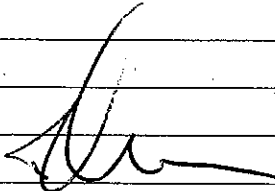
41 yo M with long hx kidney stones, also DM & early renal disease. (Hgt 5'6.5) now has 9mm radiopaque stone lower pole R kidney; used to see Kucherbecker but he isn't seeing him pts any longer  
Krauma MD 8/26/05  
 Name of Requesting Physician Date

CONSULTANT'S REPORT (Findings, Diagnosis, Recommendations)

pre-operative clearance for input ESWL  
CXR, EKG, UA, CBC, Chem 7, PT, PTT.  
will need the actual KUB film from St. Francis West.  
Follow up - medical clearance has been obtained.  
need to stop Aspirin one week prior to schedule.  
7 for pre-op visit

9/20/05

RECEIVED  
 9-14-05

  
 Consultant's Signature

DR. DAVID CHOU

9/12/05  
 Date

45 Code of Federal Regulation 164.512.(k)(5): A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate...protected health information about such inmate if the correctional institution or such law enforcement official represents that such protected health information is necessary for: ...d) the health and safety of such individuals and officers or other persons responsible for the transportation of inmates or their transfer from one institution, facility, or setting to another...For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release or otherwise is no longer in lawful custody.

Original: Medical Record  
 Canary: Consultant's Copy

DOC 0406 (12/03)

CONFIDENTIAL

AA15



**The Queen Emma Clinics**

1301 Punchbowl Street  
After Hours Call: 538-9011  
Honolulu, HI 96813  
(808) 538-9011 Fax: (808) 547-4614

July 24, 2006

Page 1  
Chart Document

**WILLIAM STAR AHOLELEI**

0000X0000

42 Year Old Male DOB: 11/17/1963

MRN: 619909

Home: (808) 587-3379 Office: (808) 000-

Ins: OCCC (80203)

05/25/2006 - Office Visit: cysto in clinic  
Provider: DAVID CHOU, MD  
Location of Care: The Queen Emma Clinics - Specialty Clinics

Reason for Visit: Pt comes today for cystoscopy procedure.

**VITAL SIGNS**

Weight: 96.4kg / 213.04lbs  
Temperature (C): 36.8 degrees  
Temperature (F): 98.24 degrees  
Pulse rate: 92  
Blood Pressure: 148/95 mm Hg  
Calculations

**Personal History**

- Education level - (reviewed/updated):
- Language preference- (reviewed/updated):
- Cultural beliefs- (reviewed/updated):
- Social risks- (reviewed/updated):

Signed by Jenny Ramos-Liwai, MA on May 25, 2006 1:18 P

**HISTORY OF PRESENT ILLNESS**

Reason for visit: Pt comes today for cystoscopy procedure.

Chief Complaint: Slow stream

History of Present Illness: Pt with history of nephrolithiasis s/p ESWL and residual fragments. Here for cystoscopy for workup for slow stream. Pt has taken Flomax before but says that it did not help with the symptoms.

**PAST, FAMILY, SOCIAL AND HEALTH MAINTENANCE HISTORY**

Past History (reviewed - no changes required): diabetes, high blood pressure

**REVIEW OF SYSTEMS**

**PHYSICAL EXAM**

**ASSESSMENT AND PLAN**

Cystoscopy performed with flexible cystoscope:  
No strictures, urethra WNL. Prostatic urethra open. Bladder neck appears to be closed. Bladder neck not high. Bladder is WNL without lesions or tumors.  
Pt requested for some Vicodin for pain- Vicodin x 8 given.  
No surgical intervention at this point. ? TUIP in future.  
Doxazosin 2 mg p.o. qhs  
Pyridium pm.

New prescriptions/refills

*Sum* 7/27/06

AA 16



aholelei, star

DATE	TIME	PLAN
03.25.04		(contd):
		A. Pt.'s chart reviewed.
		P. Flexeryl 10 mgm (1) po Q HS (X)
		30 days
		24 ✓ 3/25/04
		<del>Tit 2L Patel mg</del>
3/30/4		add <del>1/30/04</del> 5mg i po bid x 3 weeks
		24 ✓ 3/30/04
4/5/04	0915	pt requesting renewal for motion. will discuss w MD.
		MDD:
		motion 800mg i tab up to QID x 6 wks issue #30
		T.O. V. padreses / ymra
4/6/04	1650	Order:
		1) Do full CMP, PT / INR.
		2) Inquire to Theresa if pt scheduled to follow up w urologist.
		3) Flexeryl 10mg po to get thru back pain
		(med to be done admin)
		x 30 days per Dr. Padreses / UP
04.15.04		Psytry:
0830-		Pt. no longer needing Benadryl
0840		P. D/c Benadryl.
		<del>Tit 2L Patel mg</del>
		24 ✓ 4/15/04
4/23/04		HS snack denied cypant
		24 ✓ 4/23/04

AA 17